

## **Kansas Attorney General**

### Kris W. Kobach

Roofing Registration Unit 120 SW 10th Avenue, 2nd Floor Topeka, KS 66612-1597

EMAIL: roofing@ag.ks.gov www.ag.ks.gov/roofing PHONE: (785) 368-6644 FAX (785) 291-3699

# RENEWAL APPLICATION Kansas Roofing Contractor Registration Act

#### **Instructions for Renewal Application**

1. Return completed application, required documents, and nonrefundable registration fee of \$250 to the address listed above. Please make remittance payable to "Kansas Attorney General."

Renewal Applications <u>and all required documents</u> **must** be received via email to this office **by June 30**<sup>th</sup>; or, if mailed, **postmarked by June 30**<sup>th</sup> to avoid a potential status change.

To allow for transmission and processing time, we strongly recommend emailing your application and documents to roofing@ag.ks.gov by May 1<sup>st</sup>. If your application is delayed or remains incomplete on June 30th, your registration status may change to "not in good standing" and you may incur significant additional fees.

- 2. Please provide the following documents with the completed application:
  - a. Certificate of liability insurance of at least \$500,000, listing "Office of the Kansas Attorney General, 120 SW 10<sup>th</sup> Ave., Topeka, Kansas 66612" as the certificate holder;
  - b. Certificate of workers' compensation coverage or affidavit of exemption or self-insurance: and
  - c. Certificate of current tax clearance or letter from the Kansas Department of Revenue. Available at <a href="https://www.ksrevenue.org/taxclearance.html">www.ksrevenue.org/taxclearance.html</a>. Please call (785) 296-3199 for assistance with a tax clearance certificate.
  - d. If you are registered as a roofing contractor in any state other than Kansas, include current information from the registering state agency in each such state showing whether you are in good standing, have pending disciplinary proceedings, or have had disciplinary action taken against the registration, certificate, permit, or license.
- 3. Businesses <u>must</u> be registered with the Kansas Secretary of State's office prior to registering with the Roofing Registration Unit. This is not required for Sole Proprietorships. Please call (785) 296-4564 for assistance.
- 4. Answer all questions on the application. Mark "N/A" if the question does not apply.

Office of Kansas Attorney General Kris W. Kobach

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Topeka, KS 66612-1597 EMAIL: <a href="mailto:roofing@ag.ks.gov">roofing@ag.ks.gov</a> www.ag.ks.gov/roofing

PHONE: (785) 368-6644 FAX: (785) 291-3699

## RENEWAL APPLICATION FOR ROOFING CONTRACTOR REGISTRATION

Complete this application to renew your existing roofing registration certificate. To file an original application, use the application found at http://ag.ks.gov/in-your-corner-kansas/resources/roofing-registration

		Preparer informati	on		
(	to be completed <u>on</u>	aly if Preparer is dif	ferent from	<u>Applicant</u> )	
1. Full Legal Name:	First	Middle		Last	
2. Address:		City	State	Zip	County
3. Email address:					
4. Telephone: () _		_			
5. Relationship to Applic	cant:				
Preparer's signature: _				Date:	
		P	Vac		
Preparer is an Attorney	representing the Ap	oblicant. I I No I I	res		

		Correspond	ence		
lease provide an email	and mailing address	where <u>ALL</u> correspo	ndence regarding t	his applicatio	on is to be sent.
ndividual's Name/Busi	ness Name:				
Mailing address:	Street	City	State	Zip	County
Email:		·		<b>2</b> .tp	County
applicant/Owner gives	permission for the A	ttorney General's offi	ce to speak with th	ne preparer. [	] No [] Yes
	A	.pplicant/Owner i	nformation		
. Full Legal Name:					
	First	Middle	La	st Sı	ıffix
. Residential Address:	Street	City	State	Zip	County
. Personal Telephone:	()			·	·
. Height:	_ Weight:	Hair Color:	Eye Colo	r:	
. Birthdate:/_ MM I	DD YYYY				
. Driver's License or S	State ID Number:		State	::	
		copy of a current st the applicant is at le		ernment-iss	ued photographic
. Social Security Num	ber¹:				

		Business information	9n 		
. Type of Business Entity: [	[]LLC []I	Partnership [ ] Sole Pro	oprietorship []C	orporation	
Kansas Secretary of State Bu	usiness Entity I	D# (Seven Digit Number	·):		
). Business Name:					
1. Business Mailing Address:	Street	City	State	Zip	
2. Business Physical Address:				Zip	
B. Business Phone: ()		·	State	Σip	
1. Applicant's/Business' Ema	il Address:				
5. Trade Name or D/B/A nam					
6. Employer Identification Nu	umber (EIN) or	Taxpayer Identification N	Number (TIN/SSN <sup>2</sup> )	:	
registration (use addendum		sary).			
Full Legal Name:			<u></u>		
Personal Phone: ()					
Personal Phone: () Address:			State	Zip	
Personal Phone: () Address:		City	State		
Personal Phone: ()  Address: Street	/	City  Social Security Num	State  nber <sup>2</sup> :		
Personal Phone: ()  Address: Street  Birthdate: / MM DD  Driver's License or State ID  • Please attach a clean	YYYY  O Number:  ear and legible	City  Social Security Num	State  nber²: St  or federal governm	ate:ent-issued photog	raphic

19. Has the applicant ever been licensed or registered as a roofing contractor in a state other than Kansas?
Check one of the following:
[ ] No, the applicant has never had a roofing contractor license or registration in any state other than Kansas.
[ ] Yes, the applicant has or at one time had a roofing contractor license or registration issued by the following
state(s):
• If you answered "yes" to question 19, include certified documentation indicating your current status in all other state(s).
<ul> <li>20. Has the applicant or any designated roofing contractors working for applicant ever been disciplined, fined, sanctioned, cited, or had its license or registration to perform work as a roofing contractor suspended or revoked in any state other than Kansas? If yes, indicate the State of such event, the nature of the action taken, and the date of the action taken.</li> <li>[ ] No [ ] Yes. Explanation:</li></ul>
<ul><li>21. Since the date the applicant's prior roofing registration certificate was issued, has the applicant or any designated roofing contractors working for applicant ever been convicted of a felony? If yes, indicate the nature of the offense (use addendum page, if necessary).</li><li>[ ] No [ ] Yes</li></ul>
Name:
Date(s) of Conviction:
Court(s): Offenses:
22. Has the applicant been adjudicated by a court of competent jurisdiction for any of the following Roofing Registration Act violations?
[ ] No [ ] Yes Abandoned a roofing contract without legal grounds after a deposit of money or other consideration has been paid;
[ ] No [ ] Yes Diverted any funds or property entrusted to a roofing contractor;
[ ] No [ ] Yes Engaged in any fraudulent or deceptive acts or practices or misrepresented any products, services, or qualifications as a roofing contractor;  5
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[ ] No	[] Yes	Made a false or misleading statement in an application for a roofing contrargistration certificate or renewal application or in solicitation for a contraroofing services;					
[ ] No	[ ] Yes	Violated any judgment or order by a court of competent jurisdiction against the roofing contractor for a violations of the provisions of the Roofing Registration Act;					
[ ] No	[ ] Yes	Engaged in work without a valid registration certificate as required for roofing contractors pursuant to this act or performing roofing services during any period when the roofing contractor's registration certificate is denied, suspended, or revoked;					
[ ] No	[ ] Yes	Engaged in roofing services without obtaining a proper permit as may be required by any state or local authority;					
[ ] No	[ ] Yes	Failed to comply with any tax laws authorized by the state or any of its posubdivisions;	litical				
[ ] No	[ ] Yes	Damaged or injured any person or property while performing roofing serva valid roofing contractor registration certificate for which the roofing conliability insurance or workers compensation coverage was inadequate;					
[ ] No	[ ] Yes	Failed to comply with any provision of the Roofing Registration Act or ar regulation adopted thereunder.	ny rule and				
supplem	ental mate	ing below, hereby declares under oath that this application, related for rials submitted herewith, and all information contained therein, are to blication and signing below, applicant declares under oath that the following	rue and correct. By				
• A • A • b	Applicant a Applicant a Applicant a background Applicant a	desires registration under the Kansas Roofing Contractor Registration agrees to fully comply with the Kansas Roofing Contractor Registration agrees to fully comply with all Federal and Kansas laws and local ordered any designated roofing contractors consent to a criminal history relation check.  In dentity seeking registration, if a non-resident and/or foreign corporate application appoints the Kansas Secretary of State as the legal agents.	on Act. linances. ecords search or a ration, agree that the				
Applica	nt's signatı	ure:	Date:				
Designa	ted roofing	g contractor's signature:	Date:				
Designa	ted roofing	g contractor's signature:	Date:				
Designa	ted roofing	g contractor's signature:	Date:				
Designa	ted roofing	g contractor's signature:	Date:				
Designa	ted roofing	g contractor's signature:	Date:				

Addendum Page
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